

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TRANSMITTAL NUMBER

91-16

STATE

Massachusetts

PROGRAM IDENTIFICATION

Title XIX

PROPOSED EFFECTIVE DATE

7/1/91

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

42 CFR 433.36 (c)

NUMBER OF THE PLAN SECTION OR ATTACHMENT

page 53, 53a, & Att 4.17A

NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT

SUBJECT OF AMENDMENT

Property lien policy

GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not required under

SIGNATURE OF STATE AGENCY OFFICIAL

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

9/30/91

DATE APPROVED

5/29/01

TYPED NAME:

Joseph Gallant

TITLE:

Commissioner

DATE:

September 26, 1991

RETURN TO:

Medicaid Division
Department of Public Welfare
180 Tremont Street
Boston, MA 02111

Attn; Sharon Gillis

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

7/1/91

SIGNATURE OF REGIONAL OFFICIAL

TYPED NAME:

Ronald Preston

TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

REMARKS:

Revision: September, 1991

State: Massachusetts (DPW)

Citation

42 CFR 433.36(c)

AT-78-90

47 FR 43644

4.17 Liens and Recoveries

Liens are imposed against an individual's property.

☐ No.

☒ Yes.

- (a) Liens are imposed against an individual's property before his or her death because of Medicaid claims paid or to be paid on behalf of that individual following a court judgement which determined that benefits were incorrectly paid for that individual.

☐ Item (a) is not applicable. No such lien is imposed.

☐ Item (a) applies only to an individual's real property;

☐ Item (a) applies only to an individual's personal property; or

☒ Item (a) applies to both an individual's real and personal property.

- (b) Liens are placed against the real property of an individual before his or her death because Medicaid claims paid or to be paid for that of individual in accordance with 42 CFR 433.36(g) (2).

☐ Item (b) is not applicable. No such lien is imposed.

Revision: September, 1991

State: Massachusetts (DPW)

Citation

42 CFR 433.36(c)

AT-78-90

47 FR 43644

4.17 (c) Adjustments or recoveries for Medicaid claims correctly paid are imposed only in accordance with Section 433.36(h).

(d) No money payments under another program are reduced as a means of recovering Medicaid claims incorrectly paid.

(e) ATTACHMENT 4.17-A

(a) Specifies the process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the process meets the requirements of 42 CFR 433.36(d).

(b) Defines the terms specified in 42 CFR 433.36(e).

(c) Specifies the criteria by which a son or daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).

Attachment 4.17 - A

- (a) The State uses the following process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home:

The Medical Director of the nursing home or the attending physician in an acute hospital provides the State with information regarding the individual's medical condition, prognosis, and his or her opinion as to the expected discharge date. The State reviews this information as well as the availability of community resources. The State sends notice to the individual of the State's intention to make its determination and provides the individual with an opportunity for a hearing.

- (b) The State defines the terms below as follows:

- Individual's home -- his or her principal place of residence
- Equity interest in home -- any legal or beneficial interest in the principal place of residence
- Residing in the home for at least one or two years -- using the individual's principal place of residence as his or her principal place of residence for at least one or two years
- On a continuing basis -- without significant disruptions
- Discharge from the medical institution and return home -- released from a nursing facility or other institution and goes back to his or her principal place of residence
- Lawfully residing -- using property owned by the individual or with the permission of the owner as a principal place of residence

- (c) The State uses the following criteria for establishing that a permanently institutionalized individual's son or daughter provided care as specified under 42 CFR §433.36(f):

The State reviews documentation regarding the child's residency. The State also requires documentation that the individual could not have remained home without the care given by the child. The verification may include a statement from a competent medical authority or other professional caregiver, or other uncontroverted evidence satisfactory to the State.

File

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONForm Approved
OMB No. 0938-0193TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

TRANSMITTAL NUMBER

91-15

STATE

Massachusetts

PROGRAM IDENTIFICATION

Title XIX

PROPOSED EFFECTIVE DATE

7/1/91

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

TYPE OF PLAN MATERIAL (Check One)

☐

NEW STATE PLAN

☐

AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒

AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 12 to Att 2.6 A page 3

NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT

Same

~~SUBJECT OF AMENDMENT~~

Revises the treatment of a car as an asset.

GOVERNOR'S REVIEW (Check One)

☐

GOVERNOR'S OFFICE REPORTED NO COMMENT

☐

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐

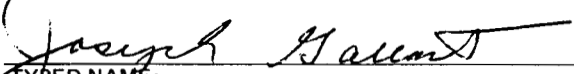
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒

OTHER, AS SPECIFIED:

Not required under 45 CFR 204.1

SIGNATURE OF STATE AGENCY OFFICIAL



TYPED NAME:

Joseph Gallant

TITLE:

Commissioner

DATE:

September 20, 1991

RETURN TO:

Sharon Gillis
Department of Public Welfare
180 Tremont Street - 13th Floor
Boston, MA 02111

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

9/26/91

DATE APPROVED

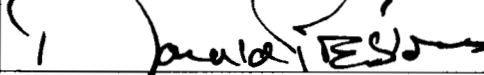
5/29/01

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

7/1/91

SIGNATURE OF REGIONAL OFFICIAL



TYPED NAME:

Ronald Preston

TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Massachusetts (DPW)

3, AFDC-Related

One vehicle per filing unit shall be exempt from having its equity value counted as an asset, provided it is used primarily for transportation purposes. The equity value of all vehicles owned by the filing unit including vehicles that are used primarily for recreational purposes such as snowmobiles, boats, trailers, jeeps, vans and motorcycles shall be countable. The exempt vehicle shall be the one selected by the filing unit.

SSI-Related

- a. One vehicle is noncountable regardless of its value if, for the individual or a member of the individual's household:
 - o It is necessary for employment; or
 - o It is necessary for the medical treatment of a specific or regular medical problem; or
 - o It is modified for operation by or transportation of a handicapped person; or
 - o It is necessary because of climate, terrain, distance, or similar factors to provide necessary transportation to perform essential daily activities.
- b. If no vehicle is excluded under 106 CMR 505.160(G)(1)a., one automobile is noncountable if its equity value does not exceed \$4,500. If the equity value of the automobile exceeds \$4,500, the excess is countable toward the applicant or recipient's asset limit.
- c. All vehicles other than those described in 106 CMR 505.160(G)(1)a. or b. are countable assets.

~~(2)~~ Exemption for SSI-Related Vehicles

In an SSI-related filing unit, the value of nonexempt vehicles is noncountable for three months provided the applicant or recipient signs an agreement with the Department to dispose of the vehicle(s) at fair market value.

An additional three-month extension may be granted if good cause is found for the failure to dispose of the property within the initial three-month period. Cause exists when the

TN No. 89-5 91-15

Supersedes

TN No. 89-5

Approval Date 5-29-01

Effective Date 1-1-89 7/1/91